

SERFF Tracking Number: CAIC-126022778 State: Arkansas  
Filing Company: Continental American Insurance Company State Tracking Number: 41465  
Company Tracking Number: 7130  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: Portability Rider 09  
Project Name/Number: /

## Filing at a Glance

Company: Continental American Insurance Company

Product Name: Portability Rider 09

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: CAIC-126022778

SERFF Status: Closed

Co Tr Num: 7130

Co Status:

Author: Kathy Peterson

Date Submitted: 02/05/2009

State: ArkansasLH

State Tr Num: 41465

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 02/06/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/06/2009

State Status Changed: 02/06/2009

Corresponding Filing Tracking Number: 7130

Filing Description:

Please see cover letter.

Thank you,

Kathy Peterson

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer

Deemer Date:

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: CAIC-126022778 State: Arkansas  
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Kathy Peterson, Senior Compliance Analyst companycompliance@caicworksite.com  
2801 Devine Street (888) 730-2244 [Phone]  
Columbia, SC 29205 (803) 929-4947[FAX]

**Filing Company Information**

Continental American Insurance Company CoCode: 71730 State of Domicile: South Carolina  
2801 Devine Street Group Code: Company Type: LAH  
Columbia, SC 29205 Group Name: Continental Amer Ins State ID Number:  
Co  
(803) 256-6265 ext. [Phone] FEIN Number: 57-0514130  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: Filing-\$50.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Continental American Insurance Company	\$50.00	02/05/2009	25522594

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	02/06/2009	02/06/2009

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## Disposition

Disposition Date: 02/06/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Outline of Coverage	Approved-Closed	Yes
<b>Supporting Document</b>	Certificate of Compliance	Approved-Closed	Yes
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Form</b>	Portability Rider	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number:** CAI-PR-09

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	CAI-PR-09	Policy/Cont	Portability Rider ract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	Initial		40	CAI PR 09.pdf



2801 Devine Street, Columbia, South Carolina 29205  
(800) 433-3036

This Rider is a part of the Group Policy/Certificate to which it is attached. Unless amended by this Rider, Group Policy/Certificate Definitions, terms and other Provisions apply to this Rider.

### **Portability Privilege**

When coverage would otherwise terminate under the Plan because you end employment with the Employer, you may elect to continue your coverage. The coverage you may continue is that which you had on the date your employment terminated, including dependent coverage then in effect.

1. Coverage may not be continued for any of the following reasons:
  - a. the insured failed to pay any required premium;
  - b. [the insured having attained age 70;
  - c. ]the Group Policy terminates.
  
2. To keep your insurance in force the insured must:
  - a. make written application to the Company within 31 days after the date insurance would otherwise terminate; and
  - b. pay the required premium to the Company no later than 31 days after the date insurance would otherwise terminate.
  
3. Insurance will cease [on the earliest of these dates:
  - a. ]the date the you fail to pay any required premium[;
  - b. the date the Group Policy is terminated].

[In the event the Policyholder's cancels coverage or the Plan is closed for new enrollments, the Policy will remain in effect for the benefit of those who have continued their coverage under the portability provision prior to the policy cancellation date.]

[Portability will remain available during the notification period prior to the cancellation date of the coverage.]

If you qualify for this Portability Privilege as described, then the same benefits, Plan provisions, and premium rate as shown in the Group Policy/certificate as previously issued will apply.

Signed for the Company at its Home Office.

President

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## Rate Information

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## Supporting Document Schedules

**Satisfied -Name:** Flesch Certification **Review Status:** Approved-Closed 02/06/2009  
**Comments:**  
**Attachment:**  
Read Cert Port 09.pdf

**Bypassed -Name:** Application **Review Status:** Approved-Closed 02/06/2009  
**Bypass Reason:** This rider will be used with application CA-03(AR) which was approved by your department on 6/16/2003.  
**Comments:**

**Bypassed -Name:** Outline of Coverage **Review Status:** Approved-Closed 02/06/2009  
**Bypass Reason:** This rider is a group supplemental product.  
**Comments:**

**Satisfied -Name:** Certificate of Compliance **Review Status:** Approved-Closed 02/06/2009  
**Comments:**  
**Attachment:**  
Cert Compliance.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved-Closed 02/06/2009  
**Comments:**  
**Attachment:**  
Submission Letter\_Port 09\_AR.pdf



**Continental American.**

INSURANCE COMPANY

2801 Devine Street

Columbia, South Carolina 29205

**READABILITY CERTIFICATION**

I, James J. Hennessy, hereby certify that the following forms have the following readability scores as calculated by the Flesch Reading Ease Test when scored with the forms with which they will be issued.

**Form**

CAI-PR-09

**Readability Score**

40.0

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James J. Hennessy, AIRC  
Assistant Vice President, Compliance  
Continental American Insurance Company

2-05-09

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Date



**Continental American**  
**INSURANCE COMPANY**

2801 Devine Street, Columbia, South Carolina 29205

**CERTIFICATION OF COMPLIANCE**

I have reviewed or supervised the review of the form contained in the filing and hereby certify that to the best of my knowledge and belief they are in compliance with the applicable statues, regulations and bulletins of the State of Arkansas. I further certify that they will be revised and/or discontinued in the event of future changes in the statues, regulations, or bulletins which would prohibit the use of such forms.

A handwritten signature in cursive script, appearing to read "James J. Hennessy".

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James J. Hennessy, AIRC, ACP, CCP  
Vice President, Compliance

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2/5/2009

Date



2801 Devine Street, Columbia, South Carolina 29205

**Mr. Harris Shearer**

Rate and Form Analyst  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: **CONTINENTAL AMERICAN INSURANCE COMPANY**  
**NAIC 71730** **FEIN 57-0514130**

**Portability Rider** **CAI-PR-09**

Dear Mr. Shearer:

The enclosed for your review and approval is a rider that allows for portability of coverage. This rider will be attached to any of our previously approved group accident and health master policies and certificates that do not currently contain this provision. This provision will not be optional at the employee level. It will be chosen at the group level.

Thank you for your consideration in this matter. Please contact Kathy Peterson at 888-730-2244 extension 4332 or at [CompanyCompliance@caicworksites.com](mailto:CompanyCompliance@caicworksites.com) if you need any additional information.

Sincerely,

James J. Hennessy, AIRC, ACP, CCP  
Assistant Vice President, Compliance  
/kp